Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docket Number Substitute for Form PTO-875 304 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE FEE (37 CFR 1.16(a)) RATE FEE TOTAL CLAIMS (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter \*0\* in column 2. OR TOTAL 0R TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING ENT NUMBER PRESENT AFTER RATE PREVIOUSLY ADDI-**EXTRA** RATE MENDMENT TIONAL ADDI-PAID FOR ENDME Tota TIONAL FEE Minus (37 CFR 1.16(c)) 0 FEF x \$25 = Independent (37 CFR 1.16(b)) Minus OR x \$ 50 = x \$100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$200 = OR + \$180 = OR + \$360= TOTAL TOTAL ADD'L FEF OR ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST REMAINING NUMBER ENT PRESENT AFTER RATE ADDI-PREVIOUSLY EXTRA AMENDMENT RATE TIONAL ADDI-PAID FOR Total (37 CFR 1.16(c)) AMENDM TIONAL Minus FEE FEE x \$25 = Independent (37 CFR 1.16(b)) x \$ 50 = Minus OR x \$100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$200 = OR + \$ [80 = OR +,340. \_ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ENT NUMBER PRESENT RATE AFTER PREVIOUSLY ADDI-EXTRA RATE AMENDMENT ADDI-PAID FOR TIONAL Total (37 CFR 1.16(c)) TIONAL AMENDM FEE Minus FEE x \$25 = x \$ 50 = Minus OR x \$100 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$200 = OR + 180 = OR + \$340= TOTAL • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADD'L FEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". OR ADD'L FEE

The 'Highest Number Previously Pald For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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